

PSYCHOLOGY INTERNSHIP PROGRAM

United States Medical Center

for

Federal Prisoners

Springfield, Missouri

Accredited by the
American Psychological Association

Member, Association of Psychology Postdoctoral
and Internship Centers (APPIC)

Note to all applicants: This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

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PHILOSOPHY AND OBJECTIVES

We're delighted that you're considering the U.S. Medical Center for Federal Prisons as a potential internship for the upcoming internship year. Our internship program at the Medical Center for Federal Prisoners seeks to foster the professional and personal growth of each intern. The program is structured to provide certain core experiences to each intern, yet is flexible in that the training experience is individualized to provide learning opportunities in areas of special interest. Often, we request input from the intern in selecting training experiences designed for the intern's specific training needs. The internship year at the Medical Center for Federal Prisoners permits each intern to practice previously learned skills and develop new clinical skills under the supervision of a variety of experienced psychologists representing a diversity of professional orientations. Our staff adhere to a scientist-practitioner model of supervision with our primary goal being the training of general adult practitioners. The internship experience fosters the improvement and acquisition of traditional skills in assessment and psychotherapy with a broad spectrum of patients. Interns collaborate with a variety of professional disciplines and develop increasing sensitivity to ethical and cultural issues. Since the training experience is primarily within a hospital-correctional setting, it has a decidedly forensic orientation and would be of particular interest to predoctoral applicants with a burgeoning interest in forensic psychology. The internship program, however, prepares each aspiring psychologist for a broad range of future employment opportunities particularly those seeking future employment in a correctional setting. We are looking forward to receiving your application for consideration into our program. Good luck with your application process.

David F. Mrad, Ph.D., ABPP
Director of Clinical Training

OVERVIEW OF THE FEDERAL BUREAU OF PRISONS

In June of 2002, the Bureau of Prisons' institutions housed approximately 135,000 federal prisoners. Most of these individuals are serving sentences for offenses involving illegal drugs or bank robbery, but a variety of other crimes against persons or property and "white collar" crimes, such as embezzlement, bank and credit card fraud, and securities violations are also represented among the prison population.

Inmates convicted of the most serious offenses and those whose institutional adjustment is poor are housed in maximum security settings, or penitentiaries. Most inmates live in medium or low security institutions affording greater degrees of personal freedom. Most facilities have in-house support services, including Medical and Psychology Departments. However, the Bureau maintains a series of hospitals to provide for prisoners whose needs cannot be adequately addressed in general population settings.

Male and female inmates are diverse in their cultural orientations, educational levels, mental conditions, motivations, needs, and abilities. Some have made conscious decisions to engage in repeated criminal acts. Others are incarcerated for offenses which reflect uncharacteristic behavior, perhaps due to poor judgement and situational stress. Many inmates suffer from serious mental and behavioral disorders and require assistance in maintaining the degree of psychological stability necessary to function adequately in their environment. Most institutions offer psychology services to these inmates.

The prevailing philosophy regarding rehabilitation is that it is not something that can or should be forced upon an inmate. However, the Bureau provides ample resources to assist those who are motivated to change maladaptive thought and behavior patterns. These include academic and vocational programs, which have enabled thousands of prisoners to earn high school equivalency certificates and to gain proficiency in graphic arts, food services, diesel mechanics, engine repair, computer sciences, and other marketable skills.

PSYCHOLOGY SERVICES IN THE BUREAU OF PRISONS

Within most institutions of the Federal Bureau of Prisons, psychologists function as the main providers of mental health services to inmates. Departments range in size from a single individual to as many as twelve psychologists, and operate in much the same way as community mental health centers do. Most clients are self-referred, while some are sent by other staff, or are advised by the Federal Courts or parole boards to seek treatment. In all cases, inmates have the right to accept or refuse psychological services.

Approximately 60% of federal inmates have been convicted of drug-related crimes, and the majority of these individuals have substance abuse histories. In response to this, Psychology Services has formulated DAP, the Drug Abuse Program, a treatment program which combines didactic and therapeutic approaches to offer clients a way out of the addiction-crime-prison cycle.

Psychologists are also called upon to respond to a range of other problems. They provide crisis intervention to acutely suicidal and psychotic individuals as well as long-term psychotherapy to those seeking to resolve a variety of deeply entrenched, self-defeating habits.

Psychologists frequently provide assessments. Often, these are referrals from the Federal Courts or parole boards. Sometimes, other staff, particularly the Education Department, will request evaluations. Some Bureau psychologists have been involved in conducting psychological assessments of candidates for the Federal Witness Protection Program.

The Bureau of Prisons employs only doctoral-level clinical and counseling psychologists. Staff are required to be licensed or license eligible, and are encouraged to seek further credentialing (e.g., ABPP, APA Division Fellowship). Maintaining professional competencies is a priority and annual continuing education is guaranteed to every Bureau psychologist.

Starting from a mere seven institutions housing 12,000 inmates, the Bureau of Prisons has grown to its present size in the 70 years of its existence. Today the prison population is increasing at

an unprecedented rate. In order to house and care for these inmates, new institutions will be built, and thousands of new staff members hired. Among these will be many psychologists, making the Federal Bureau of Prisons one of the largest employers of clinical and counseling psychologists in the United States.

THE BOP PSYCHOLOGY INTERNSHIP PROGRAM: AN OVERVIEW

For years, the Federal Bureau of Prisons has been training psychology interns at its correctional institutions throughout the United States. Our primary purpose has been to prepare students to become general clinicians, and beyond this -- since many interns join the Bureau as staff psychologists upon completion of their training -- to teach a specialty in the provision of mental health services in correctional settings.

Beginning in the late 1980s, the Bureau's psychology internship program was restructured to assure the quality of training and to accommodate the changing needs of today's predoctoral psychology interns. The new program concentrates resources in several institutions, each of which was selected on the basis of the commitment of its staff to providing training, and to its geographic proximity to other mental health agencies which could serve as adjuncts to the program.

The original sites chosen to host these programs were the Federal Correctional Institutions at: Fort Worth, Texas; Lexington, Kentucky; Morgantown, West Virginia; Petersburg, Virginia; Tallahassee, Florida; Butner, North Carolina; and the United States Medical Center for Federal Prisoners at Springfield, Missouri. Presently, nine programs have been fully accredited by the American Psychological Association (Atlanta, Butner, Carswell, Fort Worth, Lexington, Los Angeles, Rochester, Springfield, and Tallahassee).

Bureau of Prisons Psychology Internship Programs share several "core" elements, in order to facilitate quality assurance in training. Interns receive graduated exposure to the clinician role,

practicing with greater independence as their skills and confidence increase, always with supervisors available for assignment of challenging therapy cases, and a sequence of seminars designed to increase interns' general fund of clinical knowledge. An understanding of specialized issues and opportunities to engage in research are also key aspects of the experience.

Initially, all trainees spent one day per week in an outplacement, such as a community mental health center or psychiatric hospital. More recently, each internship site has had the choice of maintaining outplacements or going to a full-time training experience within the institution if they were structured in a way that allowed a broad and general training experience.

We find that potential interns often ask the following questions:

Q: Is it safe to work in a prison?

A: The Federal Prison system has implemented many security procedures and installed an array of equipment to optimize safety for staff and inmates. In this and many other respects, we consider ourselves second to no other prison system in the world. Although it would be impossible to guarantee unconditionally anyone's safety in a correctional (or any other work) setting, all incoming psychology interns receive extensive training on safety issues so they are comfortable when they begin working in this setting.

Q: Won't my training be too limited if I just work with inmates?

A: Prisoners are individuals, much more different than they are alike. There are many parallels that can be drawn between the presenting problems and client characteristics of prisons and community mental health centers. For example, there are those who use mental health services appropriately and those with hidden agendas, clients in crisis and those with less acute but more long-term concerns, and some with greater psychological resources than others.

While some inmates fit the popular stereotype of the hardcore criminal or repeat offender, others are first-time offenders who genuinely want to change the maladaptive behavior and thought patterns that led them to prison. Some are "white-collar" offenders. Others, reflecting what Dr. Linda Teplin has referred to as "the criminalization of the Mentally Ill," are victims of severe Axis I disorders, including schizophrenia and bipolar mood disorder.

Notably, the federal inmate population is rich in diversity with inmates from all fifty states, and U.S. territories, consisting of a broad variety of racial, ethnic, religious, socio-economic, and cultural groups. While all have been charged or convicted of a federal crime, they present a degree of diversity rarely seen in most traditional clinical settings.

Q: How "marketable" will my internship be?

A: We seek interns who are interested in being trained as clinical generalists and who also would like to learn a specialty in substance abuse, forensic assessment, and/or correctional psychology. Upon completion of their training, many interns accept offers of employment with the Bureau of Prisons. However, others assume positions in community mental health centers, private practices, hospitals, and other settings.

Q: Would I have the chance to focus at length on specific sub-areas of psychology during my internship?

A: The Bureau of Prisons has made it a point to provide enough flexibility in the internship program model to accommodate the interests of all interns within limits. For example, some sites may provide training in a particular areas on-site or provide leave to allow an intern to attend off-site training.

Q: Is the Bureau of Prisons an Equal Opportunity Employer?

A: Absolutely. We highly encourage the applications of females and minorities.

THE MEDICAL CENTER FOR FEDERAL PRISONERS AND ITS MISSION

Authorized by an act of Congress, the Medical Center for Federal Prisoners opened its doors in 1933 (as the United States Hospital for Defective Delinquents) to provide medical, surgical, and mental health services for male inmates within the custody of the Federal Bureau of Prisons. The Medical Center was the first federal prison given responsibility for providing such services. The Medical Center is fully accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and the American Correctional Association (ACA).

As noted previously, institutions within the Bureau of Prisons provide varying degrees of security from the least secure camps to the most secure penitentiaries. The Medical Center for Federal Prisoners is designed to provide services to patients from all security levels. Inmates in need of medical or mental health services are transferred to the Medical Center from federal institutions throughout the country. Many patients are also transferred to the Medical Center pursuant to court orders from federal jurisdictions nationwide. The Medical Center has an inmate population of approximately 1,200, of which 400 are medical or surgical patients and 300 are assigned to the Mental Health Services. The remaining 500 inmates constitute a work cadre that assists in maintaining the facility. Inmates are involved with educational and vocational training, recreation facilities, and religious services.

The Medical Center has the largest staff and budget of any facility within the Federal Prison System. The two largest departments, Correctional Services and Nursing, employ approximately 230 and 110 staff members respectively. There are approximately 20 physicians on the medical staff representing an assortment of medical specialties. Currently, the psychology staff is composed of 11 licensed psychologists, two treatment specialist, four predoctoral interns, and one postdoctoral fellow. There are also five psychiatrists and six social workers. The Medical Center is located in Springfield, Missouri, a city of approximately 200,000. Springfield, the third-largest city in Missouri, is located 170 miles south of Kansas City and 215 miles southwest of St. Louis.

THE PSYCHOLOGY SERVICE

The Psychology Service is staffed by eleven doctoral level psychologists. We anticipate a twelfth in the coming year. Both clinical and counseling degrees are represented. All staff members are licensed, six staff members are board certified in forensic psychology and one of them is also board certified in neuropsychology. Clerical support is provided by one Psychology Department secretary augmented by five secretaries assigned to other departments.

The Psychology Service is equipped with the traditional assessment tools of psychology. The service has several IBM-type computers with software for word processing, email, scoring a variety of psychological tests, and for conducting statistical procedures. Psychology staff use a number of professional journals contained in the psychology department's library and have access to computerized literature searches through a local hospital and psychology services in our Central Office.

The psychology staff are located in offices near the housing areas where their patients reside. Each staff member and intern has a private office. Under the administrative direction of the Chief of Psychology, three staff psychologists work in the Mental Health Treatment Service, five staff psychologists provide services on the Mental Health Evaluation Service, one staff member provides services to our work cadre and directs the drug treatment program, one staff member works in the Medical/Surgical Unit, and one works in the recently opened a new program for the treatment of inmates with borderline-like personality disorders using a Dialectical Behavior Therapy model. Additionally, the psychology department includes two treatment specialists, one in the drug treatment program and the other in the personality disorder program.

In accordance with the by-laws of the medical staff, licensed psychologists are members of the medical staff and have privileges to admit and discharge patients from the Mental Health Treatment Service.

The current psychology staff are described in Appendix A.

DESCRIPTION OF PROGRAM

Overview:

The United States Medical Center for Federal Prisoners Internship Program is fully accredited by the American Psychological Association and meets all APA criteria for predoctoral internships in professional psychology. Any questions concerning accreditation procedures of this internship program can be directed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 First St., NE, Washington, DC 20002-4242, (202) 336-5500.

The internship is considered a full-time position. It assures a minimum of forty hours of services and supervision per week. Leave time for attending professional conferences or defending a dissertation is often possible.

An objective of the internship is to provide each intern with training experiences under the supervision of experienced psychologists in a variety of patient care settings. To attain this objective, each intern has a sequence of rotations at the Medical Center in addition to several treatment and didactic activities that run for the entire year. Interns complete three four-month rotations on the Mental Health Treatment Service, Medical/Surgical Unit, and Mental Health Evaluation Service. Each intern also works a eight hours per week for six months in the Work Cadre Unit/Substance Abuse Program and for six months in the new DBT treatment program.

Since it is believed that much can be learned from long-term therapy cases, each intern irrespective of the designated initial rotations, will be assigned individual therapy cases from the beginning of the internship and receive supervision from a licensed psychologist throughout the internship year.

Individual Supervision:

The psychology internship program at the Medical Center adheres to APA guidelines for supervision. At a minimum, each intern will receive four hours (at least two of which are individual) of supervision each week at the Medical Center. There are presently eleven licensed psychologists on staff available for supervision, with supervisory duties divided fairly equally

among them. The Director of Clinical Training is responsible for the development, implementation, and evaluation of the internship program. He works in conjunction with the Chief Psychologist in making training assignments, handling clinical and administrative problems, planning the sequence of formal training experiences, preventing duplication of experiences, and keeping close contact with other supervisors.

Seminars and Case Presentations:

During the internship year, each intern will attend a sequence of seminars and case conferences. At the beginning of the internship year, each intern completes a two-week orientation course to the Bureau of Prisons and hospital procedures. Weekly general didactic seminars are held throughout the internship year. Such seminars are typically one hour long and are taught by psychologists on staff, other professionals on staff, and occasionally psychologists practicing in the community. Interns, in some instances, prepare for seminars by completing assigned readings. Handouts and recommended readings also frequently follow such seminars, plus interns provide a written evaluation of each seminar to the Director of Clinical Training. A listing of last year's general didactic seminar schedule is presented in Appendix B.

Two other seminars are required for the psychology intern. The weekly testing seminar provides didactic training on various psychodiagnostic measures utilized by psychologists. Interns have found this opportunity invaluable for developing a core knowledge of psychological testing as well as a forum for discussing practical experience. Interns are expected to be proficient at administering, scoring, and interpreting numerous psychological tests, including several malingering instruments commonly used in forensic evaluations. Additionally, the intern is expected to attend a weekly case law seminar designed to discuss relevant case law associated with forensic issues and mental health treatment issues. In the case law seminar, interns on a rotating basis prepare legal briefs of significant mental health law cases. At the end of the year, each intern then has a collection of briefs on many of the most significant cases in mental health law. An additional weekly seminar on neuroanatomy has been offered to interns on a voluntary basis for the past two years. Most interns have taken advantage of this opportunity to develop

a more in-depth knowledge of a topic so critical for neuropsychological assessment. All of these seminars require considerable reading.

The psychology intern is also expected to attend weekly treatment case conferences, which are held throughout the latter half of the year. These conferences provide a group forum for discussion of several important topics concerning providing psychological treatment to offenders, the chronically and seriously mentally ill, and the complexities of treatment in a correctional environment. In this group format, supervision is provided on various psychodiagnostic and psychotherapeutic issues as illustrated by the case material. These discussions also incorporate other important issues such as professional ethics and cultural considerations. Cases are presented by interns and staff on a rotating basis.

Evaluation Procedures:

Evaluation of interns is a continuous, systematic process. Interns receive frequent informal feedback during individual and group supervision sessions. A formal evaluation is completed at the completion of each rotation. This information is discussed with each intern and addressed at bimonthly psychology staff meetings with all their supervisors in the presence of the respective intern. Narrative evaluations are also provided to the perspective training director of each intern's doctoral program.

Interns also provide evaluations of their internship experiences in a variety of ways. Interns are always encouraged to provide informal feedback to the Director of Training, Chief of Psychology, and intern supervisors. Formally, the interns complete regular evaluations of their supervisors and of seminars. At the end of the internship, the interns are asked to complete an evaluation of their intern experience.

DESCRIPTION OF ROTATIONS

Mental Health Treatment:

The interns on this rotation provide psychological services to male inmates troubled by a broad spectrum of psychological difficulties. Most of the patients in the Treatment Unit are psychotic with severe disorders in thinking and/or mood. An organic component is sometimes present in these patients. Most of the patients also have an underlying character disorder which frequently complicates treatment.

Interns on the Treatment Unit are members of a multidisciplinary team. Each team is represented by an array of disciplines such as psychiatry, psychology, social work, nursing, case management, and corrections. The team meets on a weekly basis and the members work together to provide optimum care for their assigned patients. In this context, the intern is expected to grow as a contributing team member as their confidence develops. Overseen by a supervising psychologist, each intern will be involved in the patient care process from admission to discharge.

Interns complete assessments of assigned patients and participate in the formulation of patient treatment plans. Interns provide individual therapy and co-lead group therapy sessions with their supervisors. Guidance and instruction is provided on hospital charting procedures. Interns become acquainted with the treatment regulations of the Joint Commission on the Accreditation of Healthcare Organizations and the Bureau of Prisons. The intern is exposed to ongoing quality assurance programs. This rotation also allows the intern to observe the effects of psychiatric medication. Collegial dialogues with unit psychiatrists further each intern's understanding of psychopharmacology. The intern will develop skills in crisis intervention and in assessment of risk for violence.

Mental Health Evaluation:

On this rotation, the intern will complete evaluations of unsentenced inmates referred to the Medical Center from federal jurisdictions across the country. Most of such referrals request opinions on the issues of competency to stand trial and criminal responsibility. The intern will gain experience in the process of completing such psychological evaluations and applying the various federal legal standards to the referral issues. Great emphasis is placed on the preparation

of written reports which are thorough yet relevant and understandable when read by judges and attorneys. The intern may have an opportunity to accompany supervising staff members to court hearings and/or trials in cities which are within reasonable driving distance of the Medical Center. On such occasions, the intern will observe the drama of the adversarial process. Since the intern cosigns evaluations of forensic patients along with the supervisor, he/she is also subject to being subpoenaed to provide testimony in Federal Court.

Also on this rotation the intern gains experience in evaluating sentenced inmates transferred from other prison facilities to determine if inpatient treatment is needed. The intern is involved in the process of assessing if involuntary court commitment should be pursued for individuals who are opposed to hospitalization. In this process, the intern will be instructed about relevant federal commitment laws and observe court proceedings at which testimony is offered concerning patient treatment needs and justifications for involuntary treatment and commitment.

Medical/Surgical Unit

During this rotation, each intern is exposed to the psychological services provided to inmates receiving medical care. Interns placed on this rotation will work in the hospital consulting with medical and unit staff regarding treatment. They will develop skill in consulting with physicians on the mental health issues related to a wide variety of physical diagnoses. They will have an opportunity to lead or co-lead special needs groups, such as dialysis and HIV+ patients. They may sit in on support groups for specially trained inmate hospice workers, and may themselves work with terminally-ill patients. The intern will have an opportunity to work with a variety of behavioral medicine issues which may include pain management, stress reduction, biofeedback, AIDS and HIV+ counseling, dialysis and pulmonary management. The rotation includes developing skill in organ transplant evaluations. The intern on this rotation will also have an opportunity to participate in neuropsychological assessments, and attend the neurology clinic to learn from and observe the work of the neurologists.

Work Cadre Unit/Substance Abuse Program/and DBT Program:

The Medical Center houses approximately 500 low security inmates who are assigned to the Work Cadre Unit. These inmates have no medical or acute mental health problems. Their needs and concerns are similar to other low security inmates in other federal institutions and range from adjustment reactions to substance abuse and schizophrenia. In many ways, this part of the internship resembles an outpatient clinic. This work, with non-hospital patients, is not a specific rotation. Instead, the intern works eight hours per week for half the year in these programs.

The Work Cadre Unit offers several training opportunities for interns. This enables the intern to optimize training opportunities by focusing their involvement in areas of specific interests or needs. General areas in which all interns will become familiarized include: intake screenings, brief therapy, segregation reviews, the Psychology Services and Bureau data bases (PDS and Sentry), and an overview of the substance abuse treatment program. Specific areas where interns may elect to focus their training include, but are not limited to: individual and group therapy (including group therapy with dually diagnosed inmates); development, implementation and evaluation of inmate programs, individual assessment; and presentations in established programs including the Drug Abuse Education Program, Parenting Program, Pre-release Program, etc. Time invested in the Work Cadre Unit will enable the intern to become familiar with the workings of a typical prison and the role of Psychology Services in the prison system.

As part of their training on the Work Cadre Unit, the interns will work with our Drug Abuse Coordinator and Drug Treatment Specialist. Interns working in the Substance Abuse Program will be immersed in an intensive substance abuse treatment program which has become the prototype within the BOP for treating male addicts. Interns conduct individual therapy, co-lead therapy and educational groups, and participate as members of the treatment planning team.

Finally, as part of their work with non-hospitalized inmates, interns will work eight hours per week for half the year with the Program Coordinator and Treatment Specialist of our new program for special personality disordered inmates. At the time this brochure is being completed, the program is in its early stages, so little specific information available. The program is a residential treatment program, based on a Dialectical Behavior Therapy (DBT)

model, for the treatment of inmates with severe personality disorders, probably borderline personalities, who are not appropriate for treatment in our traditional inpatient psychiatric hospital. We expect the intern to have an opportunity to learn DBT skills, to regularly lead or co-lead skills building groups, and probably to provide individual therapy under the supervision of the Program Coordinator, a licensed psychologist

RESEARCH

Adhering to a scientist/practitioner model, the value of research by psychologists is readily acknowledged. Thus, participation in research is strongly encouraged. Interns are urged to formulate and complete their dissertations during the internship year. Psychology interns lacking dissertation topics can receive guidance from the psychology staff. Interns can be provided up to four hours during each week to concentrate on their dissertation projects once the dissertation proposal has been approved by their committee. The allocation of time for this purpose is decided on a case-by-case basis by the intern's primary supervisor. Interns are expected to use this time in planning, conducting, and evaluating research. Psychology interns are also encouraged to collaborate with psychology staff in conducting other research projects. Recently conducted research studies have investigated malingering detected by the MMPI-2, cognitive malingering, internship training in a correctional setting, race differences on the MMPI-2, and use of the PCL-R and Rorschach in conducting risk assessments.

APPLICATION PROCEDURES

Positions offered for the coming internship year are open to students enrolled in doctoral programs in Clinical or Counseling Psychology. Preference will be given to applicants from APA accredited programs in either Clinical or Counseling Psychology; others are invited to apply. The Bureau of Prisons is an Equal Opportunity Employer and encourages the application of minority students. Positions will be filled strictly in accordance with APPIC policy (see Appendix D). **The deadline for completed applications is November 15, 2002.** All materials should be returned to the Director of Clinical Training, Dr. David F. Mrad.

As completed packets are received, they are evaluated and suitable candidates are invited for an interview. Interviews will be held during January and scheduled in advance during December. **All efforts will be made to notify applicants of their interview status by December 15.** A personal interview at the Medical Center has obvious advantages for both parties. When this

is not feasible, a telephone interview can be arranged. However, the applicant must complete a personal interview at a Bureau of Prisons correctional facility before notification day.

Since all Bureau of Prisons positions are designated as "sensitive," applicants must successfully complete a security clearance procedure before the offer of an internship position can be considered final. This procedure includes a personal interview as well as a background investigation and drug screening. This interview must take place before a tentative offer has been made. Personal interviews may take place at any Bureau of Prisons correctional facility, making it easier on applicants who cannot visit the site to which they are applying due to time or financial constraints.

Note: The deadline for completed applications is November 15th.

For the last few years, a computer matching program has replaced the selection procedure previously used by APPIC member internship programs. All positions will be filled strictly in accordance with APPIC policy. Rank Order List Submission Day, the deadline by which all programs and applicants must submit their preference lists to APPIC, and Notification of Results Day are determined by APPIC. The current APPIC Match Policies can be viewed on their website: <http://www.appic.org/> (Click on "Match Policies" in the right-side menu)

Rank-ordering of applicants will be made through a two-step process. As completed application packages are received, they are evaluated and the most suitable candidates are contacted to arrange an interview. Applicants visiting the Medical Center tour the institution and meet staff and the current interns. In this way, he or she gets a better feel for the program, and, consequently, more information on which to base a decision regarding rank-ordering it. It also gives us a chance to assess the candidate's interpersonal skills, which we view as relevant to the ability to work with clients and to form working relationships with both psychology and non-psychology staff, and the general "goodness of fit" of the applicant and our program.

You may apply to one or more of the Bureau of Prison's internship programs, and your credentials will be evaluated independently at each site. However, in order to assure this, you will need to submit a separate, completed package to each program for which you wish to be considered. Photocopies of the internship application and government forms are acceptable, but copies must be signed and dated in ink. Therefore, if you are applying to more than one program, do not sign the original. **To have your application considered, all application materials must be received by November 15.**

Completed application packages should include:

- (1) APPIC Application for Psychology Internship form, (AAPI),
- (2) Declaration for Federal Employment, Optional Form 306,
- (3) Optional Application for Federal Employment, OF-612,
- (4) a current vita which lists academic and professional experience, and research,
- (5) official transcripts of all graduate coursework,
- (6) reference letters from three graduate faculty or supervisors who are familiar with your work in psychology as well as your personal qualifications, and
- (7) Verification of Internship Eligibility and Readiness Form (AAPI, Part 2), completed by your Director of Training certifying readiness for internship.

These materials should be sent to:

David F. Mrad, Ph.D., ABPP
Director of Clinical Training
U.S. Medical Center for Federal Prisoners
1900 W. Sunshine
Springfield, MO 65807

The government forms, Items 2 and 3 above, can be downloaded from the Office of Personnel Management website www.opm.gov.

Feel free to visit our web page found on the Bureau of Prisons website (www.bop.gov) or direct any questions via E-mail, dmrad@bop.gov, or call Dr. Mrad at (417) 862-7041 ext. 439.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

COMPENSATION AND BENEFITS

Psychology interns during the 2002-2003 training year will receive the following benefits: (1) a stipend of approximately \$38,675 (2) annual and sick leave earned at the rate of 4 hours per 80 hours worked, equivalent to 13 days for the year, (3) liability coverage for professional activities at the Medical Center for Federal Prisoners, (4) support for research activities, including dissertations, (one half-day per week is allowed for completing research) upon approval by the Director of Clinical Training and primary supervisor, (5) authorized leave to attend off-site training, upon approval by the Director of Clinical Training and Chief of Psychology. The yearly stipend is typically increased each year by a cost-of-living adjustment.

Following the internship year, the Bureau of Prisons offers many promising interns positions as staff psychologists. New staff are typically given a degree of choice in terms of geographic area and type of prison setting (minimum, medium, or maximum). If an intern is offered and accepts a position at a different facility than the one at which he/she was trained, the Bureau may pay a substantial portion of the moving expenses.

Because the stipend is so generous, interns are not permitted to engage in paid work outside the Bureau of Prisons during the internship year.

APPENDIX A

PSYCHOLOGY STAFF

Mary Arnold, M.P.A. Southwest Missouri State University, 1995. Drug Treatment Specialist.

Georgina Ashlock, Ph.D. Ohio University, 1993. Staff Psychologist, Mental Health Treatment Unit; Individual and Group Psychotherapy, Health Psychology, and Sexual Abuse Recovery.

Mark Carter, Ph.D. University of North Dakota, 1990. Staff Psychologist, Mental Health Treatment Unit; Individual and Group Therapy, Psychological Assessment, Multi-Cultural Counseling, and Ethical Issues.

William R. Carter, Psy.D. Forest Institute of Professional Psychology, 1989. Staff Psychologist, Mental Health Treatment Unit; Psychological Assessment, Individual, and Group Therapy.

Richart L. DeMier, Ph.D., ABPP (forensic). University of Wisconsin-Milwaukee, 1994. Staff Psychologist, Mental Health Evaluation Unit. Psychological Assessment, Forensic Issues, Individual Psychotherapy.

Robert L. Denney, Psy.D., ABPP (forensic), ABPN Forest Institute of Professional Psychology, 1991. Staff Neuropsychologist, Medical/Surgical Unit; Forensic Psychology, Neuropsychological Assessment, Malingering Memory Loss, and Behavioral Medicine.

Richard I. Frederick, Ph.D., ABPP (forensic). Oklahoma State University, 1986. Staff Psychologist, Mental Health Evaluation Unit; Forensic Issues, Psychological Assessment, and Malingering.

David F. Mrad, Ph.D., ABPP (forensic). University of Missouri-St. Louis, 1980. Director of Clinical Training, Staff Psychologist, Mental Health Evaluation Unit; Criminal Competencies, Criminal Responsibility, Risk Assessment, Mental Health Law.

Christina A. Pietz, Ph.D., ABPP (forensic). Texas A & M University, 1989. Staff Psychologist, Mental Health Evaluation Unit; Treatment of Sex Offenders, Rorschach, MMPI-2, Forensic Issues, and Court Testimony.

Lea Ann Preston, Ph.D. Southern Illinois University, 1998. Staff Psychologist, Mental Health Evaluation Unit; Forensic Issues, Court Testimony, and Individual Psychotherapy.

David L. Reuterfors, Ph.D., ABPP (forensic). North Texas State University, 1979. Chief of Psychology Services; Forensic Psychology, Court Testimony, Evaluating Mental Competencies, and Neuropsychological Assessment.

David L. Schlink, Ph.D. University of Missouri-Kansas City, 1988. Staff Psychologist, Mental Health Treatment Unit; Psychological Assessment, Individual and Group Therapy, and Substance Abuse Issues.

Keith Smith, B.S. in Communication, Southwest Missouri State University, 1998. Axis II Treatment Specialist.

APPENDIX B

SEMINAR SCHEDULE 2001-2002

<u>DATE:</u>		<u>TOPIC:</u>	<u>PRESENTER:</u>
August	30	Institution Familiarization	Employee Development
September	6	Institution Familiarization	Employee Development
September	13	Psychology Services in the BOP	Dr. David Reuterfors
September	20	Ethics	Dr. Mark Carter
September	27	Computer Utilization/PDS (Get computer password before didactic)	Dr. David Schlink
October	4	Federal Mental Health Statutes	Dr. Rick DeMier
October	11	Research Policy in the BOP	Dr. Rick Frederick
October	18	Differentiating Organic Mental Illness I	Dr. Bob Denney
October	25	Differentiating Organic Mental Illness II	Dr. Bob Denney
November	1	Assessing Suicide Risk	Dr. Lea Ann Preston
November	8	Federal Prosecution Process	Dr. David Mrad
November	15	Cultural Diversity	Dr. Rick DeMier
November	22	Thanksgiving	
November	29	Panic Disorders	Dr. Georgina Ashlock
December	6	Criminal Personality	Dr. David Schlink
December	13	Risk Assessment I	Dr. Dave Mrad Dr. Mark Carter
December	20	Risk Assessment II	same as above

December	27	Open	
January	3	HIV/AIDS	Dr. Bob Denney
January	10	DBT Overview	Dr. Georgina Ashlock
January	17	DBT in Corrections	Dr. Georgina Ashlock
January	24	Assessing Competencies	Dr. David Mrad Dr. Christina Pietz
January	31	Psychopharmacology I	Dr. Carlos Tomelleri
February	7	Psychopharmacology II	Dr. Carlos Tomelleri
February	14	Psychopharmacology III	Dr. Carlos Tomelleri
February	21	Psychological Profiles of Serial Murderers	Dr. David Mrad Dr. Mark Carter
February	28	To be announced	Postdoctoral Fellow
March	7	Civil competencies	Dr. Bill Grant
March	14	Assessing Criminal Responsibility I	Dr. David Mrad
March	21	Assessing Criminal Responsibility II	Dr. David Mrad
March	28	Theories of Substance Abuse	Dr. David Schlink
April	4	Forensic Exculpatory & Mitigating Defenses	Dr. Christina Pietz
April	11	The Expert Witness	Dr. Christina A. Pietz
April	18	Role Playing Court Testimony	
April	25	Crisis Support Team	Dr. Russ Carter
May	2	Improving Clinical Judgment	Dr. Rick DeMier
May	9	Diagnosis and Management of Acute Psychosis and Delirium	Dr. Pat Gariety
May	16	Overview of	Dr. Bob Denney

Psychoneuroimmunology

May	23	Malpractice Issues	Dr. Bill Grant
May	30	Death and Dying	Dr. Bob Denney
June	6	Functional Analytic Psychotherapy	Dr. Duke Terrell
June	13	Domestic Abuse	Dr. Christina Pietz
June	20	Employee Assistance Issues	Dr. Georgina Ashlock
June	27	Self Mutilation	Dr. Russ Carter
July	4	Holiday	
July	11	Dissociative Disorders	Dr. Rick DeMier
July	18	Psychological Autopsy	Dr. David Reuterfors
July	25	Licensing Exam Preparation	Dr. Lea Ann Preston
August	1	Juvenile Issues	Dr. Christina Pietz
August	8	Hostage Negotiations	Dr. David Reuterfors
August	15	Open	
August	22	Open	

APPENDIX C

EMPLOYMENT OPPORTUNITIES FOR THE BUREAU OF PRISONS

For over twenty years the Bureau of Prisons has relied upon the psychology internship program to provide a large portion of the number of entry level clinical and counseling psychologists required to meet staffing needs. Many of the psychologists currently employed by the Bureau of Prisons began their careers after completing internships with us.

Over the past ten years the federal prison population has grown dramatically, and projections for the next ten years suggest a continuing trend. It is estimated that an additional 70 psychologist positions will be created in the next five years partly in response to the mental health needs of those new federal prisoners. While we do not promise jobs automatically for those who are accepted into the internship programs, we prefer to hire people who have already proven themselves to be competent practitioners in correctional environments. Therefore, we look to our intern classes first in making employment offers.

Newly selected staff generally start at the GS-11 salary level (\$43,326: 2001 figures). However, particularly well-qualified individuals may be offered higher starting salaries. Upon successful completion of the first year, psychologists are routinely upgraded to the GS-12 level (\$51,927). Subsequently the GS-13 level (\$61,749 - 80,279) and GS-14 (\$72,969 - 94,862) levels may be available. If a psychologist applies and is selected for a position at another institution, moving expenses may be reimbursed by the agency. Some staff psychologists become Chiefs of Psychology at institutions within a few years of joining the Bureau. Other career tracks include heading substance abuse or internship programs and administrative positions.

Psychologists enjoy a great deal of professional autonomy in the Bureau. We are the main providers of mental health services, and our departments are for the most part successful in maintaining complementary, collegial interrelationships with psychiatrists. Psychologists in the Bureau are routinely involved in forensic evaluations for the Federal Courts, psychological evaluation of candidates for the Federal Witness Protection Program, substance abuse treatment programs, suicide prevention programs, crisis intervention response teams for trauma victims,

predoctoral internship training programs, employee assistance programs, inpatient mental health programs, staff training, and research.

Annual continuing education, funded by the Bureau, is guaranteed as part of each psychologist's professional development program. Many psychologists attend seminars, workshops, or the annual APA convention. Considerable latitude is allowed to the individual in making his/her choice.

Psychologists also have the opportunity to choose the part of the country (given the availability of positions) and the type of facility (maximum, medium, or minimum security) in which they wish to work. Those liking more traditional settings may prefer the United States Medical Center for Federal Prisoners in Springfield, Missouri, or Federal Medical Centers in: Rochester, Minnesota; Butner, North Carolina; Devens, Massachusetts; or Carswell, Texas.

As federal employees, all new psychologists are covered by the Federal Employee Retirement System, a pension plan which includes several attractive options for sheltering extra income similar to a Keough plan. Bureau employees may retire after twenty years, provided they have reached the age of 50, or at age 45 with 25 years and receive a full pension. The Bureau of Prisons is an Equal Opportunity Employer. However, in accordance with Public Law 39-350, applicants for entry level staff position must be under the age of 37 at the time of appointment with waivers possible through age 39.

APPENDIX D PAST INTERNS

1996-1997

Wess Baugh	University of Arkansas
Victoria Buzzanga	University of Missouri - Kansas City
Gregg Gambone	Rutgers University
Elizabeth Hader	The University of Toledo

1997-1998

Mike Fogel	Illinois School of Professional Psychology
Patricia Hart	University of South Dakota
Joe McEllistrem	California School of Professional Psychology - San Diego
Lea Ann Preston	Southern Illinois University

1998-1999

Robert Cochrane	Wright State University
Sharon Mockenhaupt	Forest Institute of Professional Psychology
Karin Towers	Allegheny University of the Health Sciences
Paul Zohn	University of Montana

1999-2000

Kelly Ball	Minnesota School of Professional Psychology
Russell Cherry	Minnesota School of Professional Psychology
Sharon Ishikawa	UCLA
Marie Roman	California School of Professional Psychology-Alameda

2000-2001

Gary Bolz	University of Denver
Tanya Cunic	Central Michigan University
Lisa Levinson	Nova Southeastern University
George Schreiner	University of Southern Mississippi

2001-2002

Stacy Gathman	Forest Institute of Professional Psychology
Darryl Johnson	Sam Houston State University
Cristie Sealey	University of Alabama
Tom Spencer	Forest Institute of Professional Psychology

2002-2003

Amy Boyd	University of Louisville
James Hayden	Argosy University-Seattle
Alix McLearn	University of Alabama
Oliver Stone	Northwestern University School of Medicine

POST DOCTORAL FELLOWS

1996-1997	Bonnie Brown, Psy.D.	CSPP-San Diego
1997-1998	Michelle Hoy, Psy.D.	CSPP-Alameda
1998-1999	Lea Ann Preston, Ph.D.	Southern Illinois University
2000-2001	Karin Towers, J.D.,Ph.D.	Allegheny University of the Health Sciences/Villanova University School of Law
2001-2002	Tanya Cunic, Psy.D.	

APPENDIX E Central Michigan University

SPRINGFIELD AND SURROUNDING COMMUNITY

Springfield, "The Queen City of the Ozarks," is one of the lowest overall cost-of-living communities in the nation. The city has a broad economic and industrial base. Since Springfield adjoins major recreational and vacation attractions to the south, tourism services are extensive. The community has five colleges and a major university (Southwest Missouri State University, with a current enrollment of over 18,000 students). A variety of recreational opportunities exist for enthusiasts of outdoor activities such as canoeing, fishing, and hiking. Numerous lakes are within easy driving distance of the city. The area provides some cultural attractions such as the Springfield Symphony, Springfield Regional Opera, Springfield Little Theater, and Springfield Ballet. The community has two enclosed shopping malls in addition to numerous open-air shopping centers.

Springfield, as the third-largest city in Missouri, has shown consistent economic growth. It provides many of the conveniences of much larger cities, without the various common aggravations associated with living in larger communities. Additionally, numerous other cultural activities are available within three-hour drives to St. Louis, Kansas City, and Tulsa. The city truly provides opportunities for having a comfortable style of life.